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APPLICANTS Robert S. Bis	scup, C	hagrin Falls, OH;							
and claims b * FOREIGN APPLI F REQUIRED, FOR	ion is a enefit c	CON of 09/971,395 10/05 f 60/286,073 04/24/2001		Γ 6,786,930 which ** SMALL EN		s benefit of	f 60/250	,831 12/0	04/2000
05/18/2004		□ W		OWALL LIV	d:				
Foreign Priority claimed yes no no STA' S5 USC 119 (a-d) conditions met yes no Met after Allowance Verified and Acknowledged Examiner's Signature Initials					SHEETS TOT DRAWING CLAI		AIMS	INDEPENDENT CLAIMS 1	
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TITLE	. 20.0	- 112-2	•			:=4			
Molded surgical impl	lant								
RECEIVED	ECEIVED No to charge/credit DEPOSIT ACCOUNT					All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit			